



Chubby Puppy Daycare & Training Center

5111 Doyle Road, Pittsburgh, PA 15227
Phone: 412-668-2286 Fax: 412-892-8593
www.ChubbyPuppyDaycare.com

Client Information

Owner's and/or Handler's Name: _____

Address: _____

* Please provide cell phone and / or email to receive updates regarding classes.

Home Phone: _____ Cell Phone: _____ Email: _____

Handlers under 16 must be accompanied by an adult at all classes.

Does the handler have previous experience? If yes, what level? _____

Does the handler have any physical handicaps affecting mobility, sight, hearing, etc.?

If yes, please explain _____

Dog's Name: _____ Breed: _____ DOB: _____ Sex: M/MN, F/FS

Veterinarian Information: _____

Does the dog have any physical handicaps or medical problems? (Explain) _____

Date of Rabies shot: _____ Date of Bordetella: _____ Date of DHLPP: _____ Date of Fecal: _____

***** Shots must be obtained two weeks prior to starting classes*****

Training Questionnaire

Please fill out this questionnaire is to provide us with some background regarding your dog.

What do you want to learn during class? _____

Is your dog reactive to (Check all that apply): Dog Men Women Children Other

Please check and explain in detail any area below that refers to your pet:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Runs away | <input type="checkbox"/> Protective of toys, food or etc. | <input type="checkbox"/> Housebreaking problems | <input type="checkbox"/> Aggressive with children |
| <input type="checkbox"/> Does not listen to a command | <input type="checkbox"/> Dislikes certain people | <input type="checkbox"/> Marks territory | <input type="checkbox"/> Aggressive with strangers |
| <input type="checkbox"/> Hides under furniture | <input type="checkbox"/> Protective of home or car | <input type="checkbox"/> Mouth your hands or arms | <input type="checkbox"/> Aggressive with other animals |
| | | <input type="checkbox"/> Nips at ankles | |

Explain: _____

Is the dog kept: in the house crated outside pen tied kennel

Has the dog ever been trained in: obedience conformation field agility If you checked any of these items, please list what level of training and organization where training was obtained: _____

Does handler have previous experience? If yes, to what level: _____

Has the dog ever bitten? YES / NO Did he break the skin? YES / NO Whom? _____

In what circumstances does the dog bite? _____

How did you hear about Chubby Puppy Daycare? _____

Signature: X _____ Date: X _____

I understand that the application, vet records and payment for training is due in full prior to starting the first lesson. Payment for class is not refundable. I understand that I need to work with my pet outside of class to obtain optimal results from class and that Chubby Puppy cannot and does not guarantee results. It is understood that Chubby Puppy is not responsible for the loss of or damage to any personal items brought to the facility. I understand and accept that Chubby Puppy cannot guarantee the health of any animal. I understand and accept that unfortunate events can happen and I hold Chubby Puppy, its staff, trainers and volunteers harmless for any and all liability, cost and expenses for injury or damage to persons or property sustained on premises and that I assume the risk of such injury or damage including, but not limited to: Injuries, general illness, weight loss, viruses, upper respiratory infection (canine cough, etc), other infections, diarrhea, vomiting, escape or death.